MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08424

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 9 Yrs. 5 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Henrico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural, give location) 2421 Floyd Avenue

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) H. (Last) BAPTIST

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: February 20, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Baptist
14. MOTHER'S MAIDEN NAME: Susan Alberta Harwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

434.3

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism, Right Lung	Unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiac Decompensation	Unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1943, to 8-3, 1952, ~~that I last saw the deceased alive on 19~~ and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE W. OPPLER, M.D. (DEGREE OR TITLE) Acting Chief Professional Services, VAH. ADDRESS Perry Point, Md. DATE SIGNED 8-3-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 8-3-52
NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
LOCATION (City, town, or county) Richmond, Virginia (State)

DATE REC'D BY LOCAL REG. Aug 3, 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR [signature] ADDRESS Havre De Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D8425

CERTIFICATE OF DEATH

Reg. Dist. No. 9-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ELKTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ELKTON Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ELKTON RD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) OTley (Middle) W.L. (Last) BARRETT (Type or Print)

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAR. 29-1895

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER tenant

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): ELK Twp Cecil Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fletcher BARRETT

14. MOTHER'S MAIDEN NAME: MeLVINIA IRVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-8450

17. INFORMANT & ADDRESS: Mrs Ottey Barrett Elkton RD Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Malignant Hypertension — unknown

DUE TO

(c) Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Aug., 1952, to 28 Aug., 1952, that I last saw the deceased alive on 27 Aug., 1952, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE George Knerr Jr (DEGREE OR TITLE) MD ADDRESS Elkton Md DATE SIGNED 28 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 1, 1952 — NAME OF CEMETERY OR CREMATORY Barrett Friends — LOCATION (City, town, or county) (State) Calvert Cecil Co MD.

DATE REC'D BY LOCAL REG. Aug 28 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR C.P. Rogers — ADDRESS Woodlawn

RECEIVED
SEP 2 1952
BUREAU V.

08426

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GERTRUDE (Middle) (Last) Boddy
4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 1952

5. SEX F.
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-18-1911
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Aid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fremont Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Glascow
14. MOTHER'S MAIDEN NAME Lena Milburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wayne Boddy, Perry Point Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Acute Cerebral Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD DME (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 8/29-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 1, 1952
NAME OF CEMETERY OR CREMATORY Mt. Zoar Cemetery
LOCATION (City, town, or county) Conowingo (State) Md

DATE REC'D BY LOCAL REG. Aug 30 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Elmer E Killlock - Havre de Grace, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

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RECEIVED
SEP 12
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08427

Reg. Dist. No. 97

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Delaware COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Bainbridge, Md. LENGTH OF STAY (in this place): 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Dover
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital Bainbridge, Maryland	STREET ADDRESS (If rural, give location): Dover Air Force Base ✓

3. NAME OF DECEASED (Type or Print)	(First) Cynthia	(Middle) Jean	(Last) BRICKER	4. DATE OF DEATH	(Month) 8 (Day) 3 (Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Aug. 3, 1952	9. AGE last birthday: yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours 9 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Robert Paul BRICKER		14. MOTHER'S MAIDEN NAME: Jean Elizabeth JACKSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Robert Paul Bricker (Father) Dover Air Force Base, Dover, Delaware.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage Tentorial Tear	9 hrs 30 mi
760.0 Antecedent cause(s)	(b) Dystocia Cephalo-pelvic disproportion	9hrs 30min
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1952, to Aug. 3, 1952, that I last saw the deceased alive on Aug. 3, 1952, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
V.N. Reist V.N.REIST,	LCDR. MC. USN.	U.S.Naval Hospital, Bainbridge, Md.	4 Aug. 1952.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-4-52	Memorial Park Cemetery	Toledo, Lucas Co. Ohio.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/6/52	Dorothy B. Brandt	Wm A. Patterson & Son	Perryville, Md.

208228140 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1952
BUREAU V. S.

08428

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston | LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) AMANDA (Middle) (Last) BRISCOE
4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1952
5. SEX F.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH 3-8-1915
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North East Rural Md.
12. CITIZEN OF WRAT COUNTRY?
13. FATHER'S NAME Roy Briscoe
14. MOTHER'S MAIDEN NAME Mamie Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mamie Briscoe, North East Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

812.4 Immediate cause (a) Fracture Occipital Bone

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Conf. Fracture Rt Fibula & Tibia
(c) Puncture Wound Rt Thigh
Internal Injuries

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) North East Rural (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 8 (Day) 22 (Year) 52 (Hour) 8:39 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was hit by Auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 8/23-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 27-52 | NAME OF CEMETERY OR CREMATORY St Marks A.U.M.P. | LOCATION (City, town, or county) North East Rd (State) Md

DATE REC'D BY LOCAL REG. Aug 26 | REGISTRAR'S SIGNATURE H. Frazer | 24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN PERRY POINT
LENGTH OF STAY (in this place) 1 Mth. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ~~BALTIMORE~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 2709 HEMLOCK AVENUE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) J. (Last) BROCKSCHMIDT

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: May 31, 1896

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLOTHING TRIMMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM J. BROCKSCHMIDT, DEC'D.

14. MOTHER'S MAIDEN NAME: CATHERINE LUTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

521 X

Immediate cause (a) BRONCHPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) MULTIPLE PULMONARY ABSCESSES

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Sinusitis, Mild - Involutional psychotic reaction.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from July 17 1952, to Aug. 25, 19 52, [illegible] and that death occurred at 9:55 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) I. M. Howe, M.D.

ADDRESS VA HOSPITAL, Perry Point, Maryland

DATE SIGNED 8-25-52

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL

DATE THEREOF 8-25-52

NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG. Aug 25 1952

REGISTRAR'S SIGNATURE Ida M. Daugherty

24. FUNERAL DIRECTOR Paul A. Heemann

ADDRESS 6067 Harford Rd., HEEMAN FUNERAL HOME, Baltimore, Md.

Act Reg. 11 A

AUG 24
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 237 E. High St.	STREET ADDRESS (If rural give location) 237 E. High St.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Daniels

4. DATE OF DEATH (Month) August (Day) 26 (Year) 1952

5. SEX Male — 6. COLOR OR RACE Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH 3/25/02 — 9. AGE last birthday 50 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY Unknown — 11. BIRTHPLACE (State or foreign country) Elkton Maryland — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Daniels — 14. MOTHER'S MAIDEN NAME Dolly Frisby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. Unknown — 17. INFORMANT Elizabeth Daniels-237 E.High St. Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X

Immediate cause (a) Central pneumonia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Arthritis Deformans — 2 years

(c) Chronic Interstitial nephritis — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to August 26, 1952, that I last saw the deceased alive on August 25 1952 and that death occurred at 6:30 m., from the causes and on the date stated above.

SIGNATURE James L. Johnson — (Degree or title) M.D. — ADDRESS 245 E. High St, Elkton, Md — DATE SIGNED August 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/29/52 — NAME OF CEMETERY OR CREMATORY Providence Cemetry — LOCATION (City, town, or county) (State) Elkton, Maryland

DATE REC'D BY LOCAL REG. Aug 29 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Edw. R. Bell — ADDRESS 909 Poplar St. Wilmington, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Roselie B Dennison
4. DATE OF DEATH: (Month) (Day) (Year) Aug 23 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 11-3-1871
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): North East Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Lilley
14. MOTHER'S MAIDEN NAME: Mary E Keithley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Jesse Dennison North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

541.0 Immediate cause (a) Peritonitis due to — 24 hours
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Ruptured Duodenal Ulcer — 1 year
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio Vascular Renal Disease — 10 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 23 Aug, 1952, that I last saw the deceased alive on 23 Aug, 1952, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE Klaus H Huebner M.D. (DEGREE OR TITLE) ADDRESS North East, Md DATE SIGNED 23 Aug '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-28-52
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) North East (State) Md
DATE REC'D BY LOCAL REG. Aug 26
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 28 1952
BUREAU OF E

Item 18 Film G147 9-25-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (in this place) 1 mo. 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WEST LANHAM, HILLS,
STREET ADDRESS (If rural, give location) 7721 EMERSON ROAD

3. NAME OF DECEASED: (Type or Print) (First) PERCY (Middle) (NMI) (Last) DICKIE

4. DATE OF DEATH: (Month) August (Day) 23, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: October 22, 1891

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER

10b. KIND OF BUSINESS OR INDUSTRY: Typographical Union

11. BIRTHPLACE (State or foreign country): ENGLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ARCHIBALD DICKIE

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY No.: 577 40 4482

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

201X

Immediate cause (a) BRONCHIAL PNEUMONIA, Terminal — INTERVAL BETWEEN ONSET AND DEATH: Approx. 1 wk.

DUE TO

Antecedent cause(s) (b) Neoplasm. - Hodgkins Disease - Spleen & Abdomen.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 1, 1952, to Aug. 23, 1952, and that death occurred at 9:55 A.m., from the causes and on the date stated above.

SIGNATURE: Willy Opper
WILLY OPPER, M.D.
(DECREE OR TITLE) ADDRESS: ASST., Chief, Professional Services, VAH., Perry Point, Md.
DATE SIGNED: 8/23/52

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL
DATE THEREOF: 8-23-52
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Bradenburg, Maryland.

DATE REC'D BY LOCAL REG.: Aug 23 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty Act. Reg.

24. FUNERAL DIRECTOR: Gasch's Sons
GASCH'S SONS FUNERAL HOMES
ADDRESS: HYATTSVILLE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) Nr. Cecilton
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3616 Glenwyn Oak Ln.

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) JOSEPH. (Last) Dodd
4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1952

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 10-28-1896 | 9. AGE last birthday: 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholsterer Refinishing — 10b. KIND OF BUSINESS OR INDUSTRY: Mfg. Co. | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Dodd. | 14. MOTHER'S MAIDEN NAME: Mary Hogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, specify) | 15a. SOCIAL SECURITY No. 215-05-7756 | 17. INFORMANT AND ADDRESS: Louise Dodd; 3616 Glenwyn Oak Ln. Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE R. K. Hodson (Degree or title) M.D. ADDRESS 3 N E Perring Pkwy Balto Md. DATE SIGNED 8/31-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 3, 1952 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 9/2/52 | REGISTRAR'S SIGNATURE H. W. Reed | 24. FUNERAL DIRECTOR Ellsworth Armacost | ADDRESS Dunar 4600 Liberty Heights Ave.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point Maryland
LENGTH OF STAY (in this place) 23 yr 8 mo 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Allegheny
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Homestead
STREET ADDRESS (If rural give location) 115 E. 15th Ave.,

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) J (Last) DUNN
4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan 20, 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 8 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Steel Mill
11. BIRTHPLACE (State or foreign country): Johnstown, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis Dunn Dec'd
14. MOTHER'S MAIDEN NAME: Margaret Clark Dec'd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Pneumonia lobar, left lower lobe — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerotic cardiovascular disease with myocardial fibrosis — Unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 15, 1928, to Aug 30, 1952, ~~[illegible]~~ and that death occurred at 5:15 PM, from the causes and on the date stated above.

SIGNATURE (Name or title) E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.
ADDRESS
DATE SIGNED 9-2-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 9-2-52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Sept 3 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty
Act. Reg.

24. FUNERAL DIRECTOR Pennington & Son
ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08435

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AD 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Elkton Rural
LENGTH OF STAY (In this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R D 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Percy (Last) Evans

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 31 1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Cecil Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Evans

14. MOTHER'S MAIDEN NAME: Amanda Stubbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mary Elizabeth Evans Elkton R 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

4209.1

Immediate cause (a) Coronary thrombosis — 2 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral hemorrhage — 6 yrs +

DUE TO

(c) Chronic Nephritis — Uremia — 6 yrs +

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ca of Prostate — 3 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 1946, to 25 Aug ..., 1952, that I last saw the deceased alive on 25 Aug ..., 1952, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

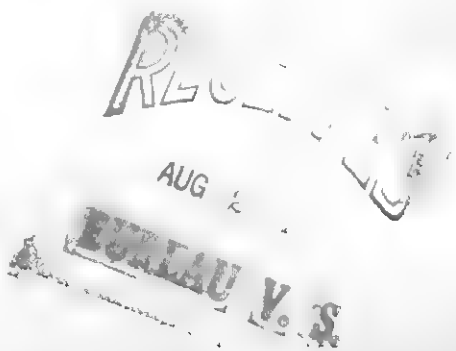
SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

George Klein MD Elkton Md 8/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-29-52 — NAME OF CEMETERY OR CREMATORY Sharp — LOCATION (City, town, or county) [redacted] Hill — (State) Md

DATE REC'D BY LOCAL REG. Aug 26 — REGISTRAR'S SIGNATURE H H Frazer

24. FUNERAL DIRECTOR — ADDRESS Joseph R Lewis North East Md


AUG
EUREKA V. S.

36

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 59 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Northeast Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Northeast Md.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Gertrude (Last) Felpel
4. DATE OF DEATH (Month) Aug. (Day) 9 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8/22/1892
9. AGE last birthday 59 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dish Washer
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not known
14. MOTHER'S MAIDEN NAME Lillie Mae Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-24-0305
17. INFORMANT AND ADDRESS Benjamin Felpel, Northeast Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of Stomach with metastasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) none

INTERVAL BETWEEN ONSET AND DEATH: 6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6 March '51
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1946, to 9 Aug, 1952, that I last saw the deceased alive on 9 Aug, 1952, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE Klaus H Huber (Degree or title) M.D. ADDRESS North East Md DATE SIGNED 9 Aug '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/13/52
NAME OF CEMETERY OR CREMATORY West Nottingham Cem.
LOCATION (City, town, or county) (State) Colora, Cecil Co Md.

DATE REC'D BY LOCAL REG. 8-10-52
REGISTRAR'S SIGNATURE Sarah E. Rothermel
26. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bainbridge Naval Hospit; LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Vanlea	(Middle) A	(Last) Fooks	4. DATE OF DEATH	(Month) 8	(Day) 30	(Year) 52
5. SEX F	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 3-17-1914	9. AGE last birthday 38 yrs.	If under 1 year Months	Days	If under 24 hrs Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mess Attendant		10b. KIND OF BUSINESS OR INDUSTRY Naval Hosp.	11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Henry Carnes			14. MOTHER'S MAIDEN NAME Laura Barnes				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Ernest Carnes, North East. Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid Hemmorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) D.M.E. ADDRESS Rising Sun, Md. DATE SIGNED 9-1-52

23. BURIAL, CREMATION RETRIVAL (Specify) Burial	DATE THEREOF Sept 3, 52	NAME OF CEMETERY OR CREMATORY Baptist	LOCATION (City, town, or county) (State) NORTH EAST CECIL CO. Md
DATE REC'D BY LOCAL REG. Sept 6, 1952	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Joseph R Grant North East Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point
LENGTH OF STAY (in this place): 1 mo. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 500 Erie

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) FUHRMAN

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-8-1897

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ammo. Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Aberdeen Proving Ground

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Fuhrman - Deceased

14. MOTHER'S MAIDEN NAME: Amelia Swartz - Deceased

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of the lung — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 19 52, to 8-24, 19 52, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 8-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-25-52
NAME OF CEMETERY OR CREMATORY: Angel Hill
LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 25 1952
REGISTRAR'S SIGNATURE: Ida M. Dougherty Act Reg

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 26yr.8mo.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 420 N. Chestnut ✓

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) (Last) GRAVELY
4. DATE OF DEATH: (Month) August (Day) 19 (Year) 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	March 23, 1889	63 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm Laborer	Norwich, England	Foreign

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW I	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Coronary thrombosis anterior, both recent and old

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

Interval Between Onset And Death: Unknown

420

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 11-25, 1925, to 8-19, 1952, and that death occurred at 10:55 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 8-21-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-21-52	Baltimore National	Baltimore, Md.

DATE RECD BY LOCAL REGISTRAR: Aug 21 1952
REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg.
24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

VS. A15

AUG 25 1952
BUREAU V. S.

18440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. # 3 Elkton
LENGTH OF STAY (In this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cecil COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. # 3 Elkton, Md.
STREET ADDRESS (If rural give location) Pleasant Hill, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	HENRY	HARRIS	August	13	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	W. Mar.		3/25/1874	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lobster
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Henry Harris
14. MOTHER'S MAIDEN NAME Laura Baity

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) Spanish Amer.
16. SOCIAL SECURITY NO.
17. INFORMANT Betty Lawrence Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart failure and Nephritis	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1952, to Aug 13, 1952, that I last saw the deceased alive on Aug 13, 1952 and that death occurred at 2:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F.B. Robinson M.D. ADDRESS Oxford, Penna. DATE SIGNED Aug 13/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	August 16/52	Delpi Manor Mem.	Jr. Elkton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 14	F.K. Frazer	H. W. Pippin & Son	Elkton, Md

U.S.

VS. A15

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point

LENGTH OF STAY (in this place): 1yr.7mo.25days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Dorc.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge

STREET ADDRESS (If rural, give location): 408 High

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
STEWART HENSON	August 3 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	6-3-1893	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Cambridge, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Lobar pneumonia, right & Bronchopneumonia, left	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Neurosyphilis	Unknown
	DUE TO (c) Portal Cirrhosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1950, to 8-3, 1952, that I last saw the deceased [illegible], and that death occurred at 7:35 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. (DEGREE OR TITLE) Chief, Professional Services, ADDRESS VAH, Perry Point, Md. DATE SIGNED 8-5-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-4-52	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug 6, 1952	Ida M. Daugherty Act Reg.	PENNINGTON & SON, Havre de Grace, Md.

VS. A15 8-51

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Maryland
LENGTH OF STAY (in this place): 19 yr 1 mo 25 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural give location): 7925 Orchid St., NW ✓

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) S (Last) HERGESHEIMER

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Feb 12, 1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 8 Days 3 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Title Searcher

10b. KIND OF BUSINESS OR INDUSTRY: Realty Co., Wash. D.C.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Hergesheimer

14. MOTHER'S MAIDEN NAME: Elizabeth Jones

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records,, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema & Early Broncho-pneumonia

420. Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Art riosclerosis with aortic & coronary
DUE TO (c) artery involvement

Interval Between Onset And Death: Approx. 3 days Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Old right coronary artery occlusions. Old scars of previous lobotomy

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — VA m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jun 21, 19 33, to Aug 15, 19 52, [illegible] and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. (Degree or title) ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 8-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 8-16-52 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: Aug 18-52 — REGISTRAR'S SIGNATURE: Ida M. Daught act Reg. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prospect Park - Phila Pa
STREET ADDRESS (If rural, give location) 917 - 13th ave - Suburban

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) A. (Last) Jaccard

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1932

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 18, 1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Engineering Inspector

11. BIRTHPLACE (State or foreign country): Switzerland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jules Jaccard

14. MOTHER'S MAIDEN NAME: Cecelia Seelh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rene M. Jaccard 917 13th Ave Prospect Pk. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes
610X
DUE TO
Antecedent cause(s) (b) Hypertrophy of Prostate - Retention of Urine
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
260X
DUE TO
(c) Sufra Pubic Prostatectomy

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1/1932

19b. MAJOR FINDINGS OF OPERATION: Hypertrophy of Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1932, to Aug 5, 1932, that I last saw the deceased alive on Aug 4, 1932, and that death occurred at 5.25 A.M., from the causes and on the date stated above.

SIGNATURE Walter Cantwell (DEGREE OR TITLE) M.D. ADDRESS Wells Emt Md DATE SIGNED Aug 5/1932

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF August 8, 52 NAME OF CEMETERY OR CREMATORY Filipino Manor Mino Park LOCATION (City, town, or county) Near Elkton (State) Md.

DATE REC'D BY LOCAL REG. Aug 7 REGISTRAR'S SIGNATURE F. R. Frazer

24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

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AUG 8 19
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1135 New Hampshire Ave., N.W. ✓

3. NAME OF DECEASED: (First) JOSEPH (Middle) A. (Last) KARVAJNA
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-29-1898
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Karvajna - Deceased
14. MOTHER'S MAIDEN NAME: Eva Vodarski - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I & WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema and coma — Interval Between Onset And Death: 24 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Liver failure — Interval Between Onset And Death: Unknown

DUE TO

(c) Cirrhosis of Liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8 ,19 52, to 8-5 , 19 52, [illegible] the deceased and that death occurred at 6:15 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 8-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 8-9-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 11, 1952 — REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg. — 24. FUNERAL DIRECTOR ADDRESS: Pennington & Son, Havre de Grace, Md.

VS. A15

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AUG 13 1952
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Lambert 45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton

LENGTH OF STAY (in this place): 15 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton

STREET ADDRESS (If rural, give location): 100 Bethel St.

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) (Last) LAMBERT

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 14, 1911

9. AGE last birthday 40 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private Homes

11. BIRTHPLACE (State or foreign country): Newport, Del.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Lambert

14. MOTHER'S MAIDEN NAME: Ida Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Edith Roberts-Belevedere, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardio renal vascular	5 yrs
	DUE TO (c)	

442X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6, 19 52, to 8/13, 19 52, that I last saw the deceased alive on 8/13, 19 52, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE: H. Herbert Baker (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 8/14/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/17/52	Simpson Cemetry	Newport, Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 16	F R Frazer	Edw R Bell	909 Poplar St.

VS. A16 8-51

RECEIVED
AUG 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, Rural
LENGTH OF STAY (in this place) 15 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ewing Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Belle (Last) Martindale
4. DATE OF DEATH (Month) Aug. (Day) 19 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 16, 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Liberty Grove Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Jerome Shure
14. MOTHER'S MAIDEN NAME Rebecca Gillespie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Joseph Martindale, Oxford Pa. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Senile Debility

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anemia, chronic

(c) Myocarditis & arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to Aug 18 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE R. C. Dodson MD (Degree or title) ADDRESS Rising Sun Md. DATE SIGNED 8/19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 22, 1952
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) (State) Near Colora, Md.

DATE REC'D BY LOCAL REG. Aug 21-52
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson. ADDRESS Rising Sun. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 9yr.11mo.13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Delaware — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
STREET ADDRESS (If rural give location): 36 W. Cleveland Avenue

3. NAME OF DECEASED: (First) JAMES (Middle) S. (Last) MORGAN
4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 14, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: National Vulc.Fibre Mill, Newark, Dela.
11. BIRTHPLACE (State or foreign country): Pedricktown, N. J.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Morgan - Deceased
14. MOTHER'S MAIDEN NAME: Emma Cross - Deceased

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

OCX

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary edema, bilateral — Approx. 4 hours

DUE TO

(c) Pulmonary tuberculosis, moderately advanced arrested — since 1942

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with syphilis of the central nervous system taboparesis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12 ,1942 , to 8-25 , 1952, that I last saw the deceased alive on VA and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. P. BRANNON, M.D. Chief, Professional Services
ADDRESS: VAH, Perry Point, Md.
DATE SIGNED: 8-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-26-52
NAME OF CEMETERY OR CREMATORY: Newark Methodist
LOCATION (City, town, or county) (State): Newark, Delaware

DATE REC'D BY LOCAL REGISTRAR: Aug 26 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty Asst Reg
24. FUNERAL DIRECTOR: R. T. JONES, Funeral Director, Newark, Del.
ADDRESS

VS. A15

AUG 28 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08648

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Maryland
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 3915 Clay Pl., N.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) LEROY (Middle) M. (Last) ODELLAS

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 26, 1927

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR: Months 2 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Post Office Dep't.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Odellas

14. MOTHER'S MAIDEN NAME: Hattie L. Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: 577-34-5754

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

178 X

Immediate cause (a) Carcinoma, testicle, type undetermined, with generalized metastasis — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-12-52

19b. MAJOR FINDINGS OF OPERATION: Right orchiectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: — VA M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jul 7, 19 52, to Aug 4, 19 52, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 6:30 AM., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D.
(DEGREE OR TITLE) ADDRESS: Chief, Professional Services, VAH, Perry Point, Maryland
DATE SIGNED: 8-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-4-52
NAME OF CEMETERY OR CREMATORY: National Cemetery
LOCATION (City, town, or county) (State): Ft. Myer, Virginia

DATE REC'D BY LOCAL REG.: Aug 5 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty
act Reg.

24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Naval Hosp Bainbridge Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carpenter Point
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) H (Last) OSBORNE
4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-23-1898
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Pumper Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Birmingham, Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Randolph Hood
14. MOTHER'S MAIDEN NAME: no information
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: John M. Osborne, Charlestown, Md. Carpenters Point

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241X Immediate cause (a) Cesthma Bronchial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R C Dodson MD (Degree or title) DME — ADDRESS: Rising Sun Md. — DATE SIGNED: 8/24-52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-27-1952 — NAME OF CEMETERY OR CREMATORY: Hopewell — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Aug 25, 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. 415A

AUG 27
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (8450)

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point
LENGTH OF STAY (in this place): 6mo.20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN: Washington
STREET ADDRESS (If rural give location): 2432 - 4th St., N.E.

3. NAME OF DECEASED: (First) JOHN (Middle) (Last) PEPLUSKY
4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-1-1886
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Printing Pressman
10b. KIND OF BUSINESS OR INDUSTRY: Printing Shop Wash. D.C.
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Foreign
13. FATHER'S NAME: Stanley Peplusky - Deceased
14. MOTHER'S MAIDEN NAME: Adeline Yastrump - Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

150K

Immediate cause (a) Carcinoma of the esophagus — Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-27-52
19b. MAJOR FINDINGS OF OPERATION: Excision of the middle third of the esophagus.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1 ,1952, to 8-21 ,1952 xxxxxxxxxxxxxxxxxxxxxxxxxxxx, and that death occurred at 7:32 a.m, from the causes and on the date stated above.
SIGNATURE: E. F. BRANNON, M.D. (Degree or title) Chief, Professional Services, ADDRESS: VAH, Perry Point, Md. DATE SIGNED: 8-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-22-52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.
DATE REC'D BY LOCAL REGISTRAR: Aug 22, 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty act. Reg
24. FUNERAL DIRECTOR: W.W. Chambers
ADDRESS: W.W. CHAMBERS, 511-11th St., S.E. Wash. D.C.

VS. A16

AUG 2
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 6 hrs 10 Mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Hamilton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cinncinnatti
STREET ADDRESS (If rural, give location) 757 Kenyon Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) RICHARDSON, Henry
4. DATE OF DEATH (Month) (Day) (Year) Aug 30 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12-30-23
9. AGE last birthday 28 yrs. If under 1 year Months 8 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Viola ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Air Embolism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stab Wound Left Supra~~orbit~~ clavicular area near Mid Line, and Penetration of Trachea and local Blood Vessels (c) — 6 Hrs 10 Mi

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE) R.D. Port Deposit, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) August 29, 1952 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stabbed during a fight.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Dodson MD DME Perry Sun Md. 8-30-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-30-52
NAME OF CEMETERY OR CREMATORY Unknown
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Aug 30 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Pennington + Son ADDRESS ~~CORA JAMISON FUNERAL HOME, 702 W.9th St., Cincinnati, Ohio~~ Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 4 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place) 1 Mo 24 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1336 Q St., N.W., ✓

3. NAME OF DECEASED: (Type or Print) (First) THEODORE (Middle) B (Last) SCOTT

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-3-08

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months 10 Days 1 IF UNDER 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Scott

14. MOTHER'S MAIDEN NAME: Ellen Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

441X

Immediate cause (a) Pulmonary embolism, left lower lobe — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last. (b) Congestive heart failure, secondary to #1 — DUE TO

(c) Pneumonia, bilateral, bronchial, terminal

INTERVAL BETWEEN ONSET AND DEATH: Less than 48 hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-31-52

19b. MAJOR FINDINGS OF OPERATION: Resection of right upper and middle lobes of lung

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 11, 1952, to Aug 4, 1952, and that death occurred at 5:25 A.m., from the causes and on the date stated above.

VA

SIGNATURE E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Maryland (DEGREE OR TITLE) ADDRESS — DATE SIGNED 8-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 8-4-52

NAME OF CEMETERY OR CREMATORY Unknown

LOCATION (City, town, or county) (State) Unknown

DATE REC'D BY LOCAL REG. Aug 5 1952

REGISTRAR'S SIGNATURE Ida M Dougherty ad Reg.

24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Maryland

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AUG 7
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]53

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (in this place) 19yrs9mos6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CENTERVILLE
STREET ADDRESS (If rural give location) None ✓

3. NAME OF DECEASED: (Type or Print) (First) JOSHUA (Middle) STEPHEN (Last) SENEY

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: February 3, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel W. Seney III

14. MOTHER'S MAIDEN NAME: Fannie Kimbles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VA Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 2 Weeks

600.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease
DUE TO (c) Pyelonephritis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholylithiasis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1932, to Aug. 23, 1952, and that death occurred at 11:45 AM. from the causes and on the date stated above.

SIGNATURE: WILLY OPPLER, M.D. (Degree or title)

ADDRESS: Asst. Chief, Professional Services, VAH., Perry Point, Md.

DATE SIGNED: 8-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

DATE THEREOF: 8-24-52

NAME OF CEMETERY OR CREMATORY: CHURCHILL CEMETERY

LOCATION (City, town, or county) (State): CHURCHILL, MARYLAND

ADDRESS

DATE REC'D BY LOCAL REGISTRAR: Aug 24, 1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg.

24. FUNERAL DIRECTOR: Barton Bros.

ADDRESS: BARTON BROS., Centerville, Maryland

VS. A[illegible]

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AUG 26 1952
BUREAU V. S.

08454

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD | LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARIE (Middle) MADELEINE (Last) STANLEY
4. DATE OF DEATH (Month) Aug. (Day) 20 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-19-14
9. AGE last birthday 38 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salisbury Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Gardner Hearn
14. MOTHER'S MAIDEN NAME Marie Truitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Franklin Stanley Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 8-20-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF Aug 20/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REG. Aug 20 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08455

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (In This place) 3 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL	WESLEY	TABSCOTT	8	8	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Widowed	8-5-1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer.	Farming	Rutland W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Harvey Tabscott	Sarah Nicholas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No No	none	Lola Gray Tabscott, North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Coronary.	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. L. Bodorick MD	MD	Rising Sun Md	8/10/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-11-1952	Methodist	North East Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-11-52	Sarah E. Rothermel	Joseph R. Grant	North East Md

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AUG 14 1952
BUREAU V. S.